



U.S. Department of State

**ALLOTMENT OF PAY/PRIOR SERVICE CREDIT APPLICATION AND
AUTHORIZATION TO MAKE, CHANGE, OR DISCONTINUE**

1. U.S. Department or Agency		2. Bureau or Service		3. Retirement System <input type="checkbox"/> CSRS <input type="checkbox"/> FERS <input type="checkbox"/> FSR <input type="checkbox"/> FSPS	
4. Name of Allotter (<i>Last, First, MI.</i>)			5. Employee or Social Security Number		
6. Duty Station (City) (Country)					
7. NATURE OF ACTION REQUESTED					
<input type="checkbox"/> FS Prior Service Credit <input type="checkbox"/> CS Prior Service Credit <input type="checkbox"/> Allotment of Pay <input type="checkbox"/> Emergency Evacuation Allotment					
Allotment Each Pay Period		From:		To:	
Type of Depositor Account <input type="checkbox"/> Checking <input type="checkbox"/> Saving					
Name and Address of Financial Institution			Routing/EIN Number		
B. Countersigned (<i>Allotter - Administrative Officer</i>)			Depositor Account Number		
8. AUTHORIZATION BY ALLOTTER					
<p>I hereby request and authorize a regular allotment to be <input type="checkbox"/> made, <input type="checkbox"/> changed, <input type="checkbox"/> discontinued, subject to approval, to be effective as indicated above, until altered by me in writing; or, an emergency evacuation allotment to be effective when countersigned by me, or if absent from the Post at time of evacuation, by the Post Administrative Officer; and I hereby release whatever claim to payment of salary I would otherwise have for the amount of this allotment and I also relinquish all right, privilege, and power to make a further allotment presented by this allotment, once the United States has issued a check payable to the allottee for this allotment.</p>					
A. Signature of Allotter in Full (Sign Original Only)				Date (<i>mm-dd-yyyy</i>)	
B. Countersigned (Allotter - Administrative Officer)				Date (<i>mm-dd-yyyy</i>)	
9. ADMINISTRATIVE ACTION					
Appropriation				Date (<i>mm-dd-yyyy</i>)	
10. APPROVED, RECORDED, AND FORWARDED					
A. Title of Officer Responsible for Preparation of Payroll		B. Signature of Officer Responsible for Preparation of Payroll (Type Name and Sign all Copies)			Date (<i>mm-dd-yyyy</i>)
WARNING: Disclose to Authorized Persons Only (22 CFR 171.32J(4)) Contains Information Protected by the PRIVACY ACT OF 1974					